PLEASE ITPE	OR PRINT	Entered pre	vious May Show
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Ms.	IDAN!	SOIK	Δ
☐ Mr. Artist_	1/1/1/	SOLL.	(Last Name Last)
Permanent 857	an -51/11	FO OPFF	W NAIFIT
	reet	4 6156	City
44072	Tel. 6216	1338-3	726
Zip	Area Code		
Temporary or			
Studio Address	Street		City
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If you do not p	resently live in	one of the cou	nties of the
Western Reserve			
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Collaborator	(If Any)	IVUER O	N 2 ON2
If May Show en	***************************************	conted or not	old:
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how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry informatie

Signature

THIS SECTION

REJECTED

DATE

1983 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Tras	Sorka	
Name	Silverno	e de
Address		101
City & State	My Our	44072 zip

This is your only receipt to claim your object(s).

		ETAGII		
1. Paintings 2. Gr		Photography		
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DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED		
2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture   5. Crafts				
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RETURN OF OBJECTS: REJECTED: MAY31- JUNE 4 ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.